

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Santa Ana Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Talitha Sweaney (909) 782-3219	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s). _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.461 Title: Wetlands Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) Santa Ana River Basin area, State of California		11. Descriptive Title of Applicant's Project: The objective of this project is the promulgation of Basin Plan wetland amendments that will create an up-to-date regulatory framework for more effective protection of water quality standards of wetlands within the Santa Ana River Basin.	
13. Proposed Project: Start Date End Date 10/1/04 9/30/05		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$50,000 b. Applicant \$0 c. State \$48,007 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$98,007		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 28, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____X_____ NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:	

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STATE CLEARING HOUSEStandard Form 424 (Rev 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <u>X</u> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier R9 Tracking # 04-425
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Los Angeles Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Melinda Becker (213) 576-6681	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u>	
6. DUNS Number: 808321913		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Institute of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)	
8. Type of Application: <u>X</u> New _____ Revision _____ If Revision, enter appropriate letter(s): <u>MAY 28 2004</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.463 Title: Water Quality Cooperative Agreements		11. Descriptive Title of Applicant's Project: The development of Total Maximum Daily Load (TMDL) Toxics for the Marina del Rey Harbor Back Basin. A joint-project effort to monitor wet-weather runoff from land-use areas for metals and other impairing pollutants contained in the 2002 303(d) List.	
12. Area Affected by Project: (cities, counties, states, etc.) City and County of Los Angeles, California		14. Congressional District of: Applicant: _____ Project: _____ 3 California - All	
13. Proposed Project: Start Date 7/1/04 End Date 6/30/05		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 28, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
15. ESTIMATED FUNDING: a. Federal \$150,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$150,000		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <u>X</u> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

OR ISTANCE

2. DATE SUBMITTED

05/26/004

Applicant Identifier

SSION:

Preapplication

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

☐ Non-Construction

☐ Construction
☒ Non-Construction

5. APPLICANT INFORMATION

Organizational Unit:

* Legal Name: International Resource Group

* Organizational DUNS: 058009262

Address:

* Street1: 614 Grand Avenue, Suite 400

Street2:

* City: Oakland County Alameda

* State: CA * Zip Code: 94610 * Country: USA

6. * EMPLOYER IDENTIFICATION NUMBER (EIN):

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

93.571

TITLE: Community Services Block Grant Discretionary Awards_Community Food and N

12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

California

13. * PROPOSED PROJECT:

* Start Date

10/01/2004

* Ending Date

09/30/2005

15. * ESTIMATED FUNDING:

* a. Federal \$ 50,000.00

* b. Applicant 0.00

* c. State \$ 0.00

* d. Local 0.00

* e. Other \$ 0.00

* f. Program Income \$ 0.00

g. TOTAL \$ 50,000.00

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms. * First Name: Patricia

Middle Name:

* Last Name: Blackburn

Suffix: * Email: blackburn@jba-cht.com

* Phone Number (give area code) Fax Number (give area code)

510-625-1256

510-625-9307

7. * TYPE OF APPLICANT: zation (Other than Institution of

Other (specify)

Non-Profit

9. * NAME OF FEDERAL AGENCY:

Administration for Children and Families

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Training for WIC staff in family-centered education about nutrition and/or physical activity.

14. * CONGRESSIONAL DISTRICTS OF:

* a. Applicant

9

* b. Project

Multiple

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

☒ YES DATE 05/26/004
b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Ms.

* First Name: Patricia

Middle Name

* Last Name: Blackburn

Suffix:

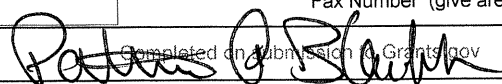
* b. Title: Associate Executive Director

* c. Telephone Number (give area code): 510-625-1256

* Email: blackburn@jba-cht.com

Fax Number (give area code): 510-625-9307

d. Signature of Authorized Representative:



e. Date Signed: 5/26/04

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 03/02/04	Applicant Identifier
1. TYPE OF SUBMITTING: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: OV-UCLA Education & Research Institute		Organizational Unit:	
Address (give city, county, State, and zip code): 14445 Olive View Drive Research Administration Office Sylmar, CA 91342-1495		Name and telephone number of person to be contacted on matters involving this application (give area code) Tim Aronson (818) 364-3449	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00-2240501		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration Other (specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ Private-Non-Profit 501 (c) 3_	
		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: □□-□□□ TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Assessment of the Potential for the Point-of-Use (POU) and Point-of-Entry (POE) Filters to Promote Growth of Rapidly Growing Mycobacteria (RGM) in Potable Water.	
12. Areas affected by project (Cities, Counties, States, etc.): Los Angeles & Orange Counties			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 04/01/04	Ending Date 09/30/04	a. Applicant 26th Congressional District	
		b. Project 26th (Los Angeles) and 24th (Ventura)	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <u>Yes</u>	
a. Federal	\$ 75,000 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6-1-2004</u> b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant (In-Kind)	\$ 17,933 .00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 92,933 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Denise Tritt		b. Title Business Manager	c. Telephone Number (818) 364-3434
d. Signature of Authorized Representative <i>Denise Tritt</i>		e. Date Signed 03.02/04	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 4, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Pacific Directions		Organizational Unit: n/a	
Address (give city, county, State, and zip code): 940 LAKME Avenue Wilmington, California 90744		Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. John R. Phalen (714) 901 1674 .	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3424592		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non Profit Agency</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE:		9. NAME OF FEDERAL AGENCY: HHS-ACF-OCS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Central Los Angeles City and County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: South Central Los Angeles Nutrition Collaborative	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 35th Congressional District	
Start Date 10/1/24	Ending Date 9/30/05	a. Applicant Pacific Directions	b. Project Community Food and Nutrition Program
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: May 28, 2004 DATE	
b. Applicant	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 0 ⁰⁰	<input type="checkbox"/> Yes if "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 0 ⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$ 0 ⁰⁰	a. Type Name of Authorized Representative Anna Marie Erro	
g. TOTAL	\$ 50,000 ⁰⁰	b. Title Executive Director	
		c. Telephone Number (310) 549-1968	
		d. Signature of Authorized Representative <u>Anna Marie Erro</u>	
		e. Date Signed JUNE 4, 2004	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 31, 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: FRATERNITE NOTRE DAME		Organizational Unit: Department:	
Organizational DUNS: 029055212		Division:	
Address: Street: 2569 TEMPLE AVENUE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: SISTER First Name: MARIE	
City: CAMARILLO		Middle Name: CHRISTINE	
County: VENTURA		Last Name: FARE	
State: CA Zip Code: 93401		Suffix:	
Country: USA		Email: FNDUSA@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): MAY 28 2004 13-3600714		Phone Number (give area code): 805 217 2004 Fax Number (give area code): 773 2616577	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) NOT FOR PROFIT ORGANIZATION	
Other (specify):		9. NAME OF FEDERAL AGENCY: DHHS/ACF/OCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Food and Nutrition Program 93-331		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FND MOBILE SOUP KITCHEN PROJECT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF LOS ANGELES & VENTURA COUNTY		14. CONGRESSIONAL DISTRICTS OF: CALIFORNIA	
13. PROPOSED PROJECT Start Date: SEPT 2004 Ending Date: SEPT 2005		a. Applicant b. Project 34 & 30	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 99,425	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 31, 2004	
b. Applicant in-kind staff	\$ 225,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 280,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 241,700	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 846,125	a. Authorized Representative	
		Prefix: Sister First Name: Marie Middle Name: Bernadette	
		Last Name: FARE Suffix:	
b. Title: PROGRAM DIRECTOR		c. Telephone Number (give area code): 805 217 2004	
d. Signature of Authorized Representative: Sister Marie Christine FARE		e. Date Signed: May 31, 2004	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/21/04	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 04SR043232	4. DATE RECEIVED: 04/21/04	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: County of Sacramento Department of Human Assistance		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Leutchen Anderson TELEPHONE NUMBER: (916) 875-3664 FAX NUMBER: (916) 875-3799 INTERNET E-MAIL ADDRESS: mldersonl@sacounty.net														
ADDRESS (give street address, city, state and zip code): 2433 Munson Avenue Sacramento CA 95821																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000529	7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Local Government, Municipal Local Education Agency Area Agency on Aging Health Department															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service														
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Sacramento														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Sacramento, Yolo and Placer Counties																
13. PROPOSED PROJECT: START DATE: 07/01/04 END DATE: 06/30/07		14. PERFORMANCE PERIOD: START DATE: 07/01/04 END DATE: 06/30/07														
15. ESTIMATED FUNDING: <table border="1"><tr><td>a. FEDERAL</td><td>\$ 101,606.00</td></tr><tr><td>b. APPLICANT</td><td>\$ 82,431.00</td></tr><tr><td>c. STATE</td><td>\$ 0.00</td></tr><tr><td>d. LOCAL</td><td>\$ 82,431.00</td></tr><tr><td>e. OTHER</td><td>\$ 0.00</td></tr><tr><td>f. PROGRAM INCOME</td><td>\$ 0.00</td></tr><tr><td>g. TOTAL</td><td>\$ 184,037.00</td></tr></table>		a. FEDERAL	\$ 101,606.00	b. APPLICANT	\$ 82,431.00	c. STATE	\$ 0.00	d. LOCAL	\$ 82,431.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 184,037.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 28-MAY-04
a. FEDERAL	\$ 101,606.00															
b. APPLICANT	\$ 82,431.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 82,431.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 184,037.00															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Katharine De Young	b. TITLE: Program Manager	c. TELEPHONE NUMBER: 916.875.3582														
		d. DATE: 04/21/04														

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="radio"/> Application <input type="radio"/> Construction <input checked="" type="radio"/> Non-Construction		2. DATE SUBMITTED 6/4/04	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Tri-County Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 3120 Cohasset Road, Suite 5 Chico, Butte County, CA 95973		Name and telephone number of person to be contacted on matters involving this application (give area code) Marc Nemanic (530) 893-8732	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065873		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>EDD</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Economic Development Support for Planning Organization TITLE: 11-302 AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn & Tehama Counties & the Incorporated Cities Therin.		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration	
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of long-range economic development program designed to encourage new employment opportunities and to foster a stable and diversified local economy and improved local conditions so as to alleviate the substantial unemployment/underemployment in the Tri-County region of Butte, Glenn & Tehama.	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/26/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 67,000			
b. Applicant \$			
c. State \$			
d. Local \$ 22,334			
e. Other \$			
f. Program Income \$			
g. TOTAL \$ 89,334			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Name of Authorized Representative Marc Nemanic		b. Title Executive Director	c. Telephone Number (530) 893-8732
d. Signature of Authorized Representative		e. Date Signed 5/26/04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/25/2004	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Bay Area Air Quality Management District			Organizational Unit: Department: Toxics Evaluation Section (TES)		
Organizational DUNS: 078781416			Division: Engineering Division		
Address: Street: 939 Ellis Street City: San Francisco County: San Francisco State: California Zip Code: 94108			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jack Middle Name: Last Name: Broadbent Suffix: Email: 		
Country: United States					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1622746			Phone Number (give area code) 415-749-5127		Fax Number (give area code) 415-928-5052
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) Type A-State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 66-708			9. NAME OF FEDERAL AGENCY: EPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco Bay Area			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bay Area Clean Garment Care Technology Demonstration Project		
13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 10/01/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3, 6, 11, 16, 15, 13, 9, 8, 12, 14 b. Project 3, 6, 11, 16, 15, 13, 9, 8, 12, 14		
15. ESTIMATED FUNDING: a. Federal \$ 99,999 b. Applicant \$ 74,999 c. State \$ d. Local \$ e. Other \$ 25,000 f. Program Income \$ g. TOTAL \$ 199,998			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Mr. First Name: Jack Middle Name: Last Name: Broadbent Suffix: b. Title: Executive Officer c. Telephone Number (give area code): 415-749-5127 d. Signature of Authorized Representative e. Date Signed: 05/28/2004 5-26-2004					

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

05/03/04

2b. APPLICATION ID:

04SR043545

5. APPLICATION INFORMATION

LEGAL NAME: City of Oxnard Recreation Div

ADDRESS (give street address, city, state and zip code):

350 North C St
Oxnard CA 93030

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

956000736

8. TYPE OF APPLICATION:

☒ NEW☐ CONTINUATION

REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Oxnard, Pt. Hueneme, Camarillo, Ventura, all in west-central Ventura County

13. PROPOSED PROJECT. START DATE: 07/01/04 END DATE: 06/30/07

15. ESTIMATED FUNDING:

a. FEDERAL	\$ 52,913.00
b. APPLICANT	\$ 76,688.00
c. STATE	\$ 0.00
d. LOCAL	\$ 71,438.00
e. OTHER	\$ 5,250.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 129,601.00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Joelvin B Peterson

b. TITLE:

Senior Services Supervisor

1. TYPE OF SUBMISSION:

Non-Construction

STATE APPLICATION IDENTIFIER:

GRANT NUMBER:

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Marisue S. Eastlake

TELEPHONE NUMBER: (805) 385-8023

FAX NUMBER: (805) 385-7494

INTERNET E-MAIL ADDRESS: marisue.eastlake@ci.oxnard.ca.us

7. TYPE OF APPLICANT:

7a. Local Government - Municipal

7b. Local Government, Municipal

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Oxnard RSVP

14. PERFORMANCE PERIOD: START DATE: 07/01/04 END DATE: 06/30/07

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE: 28-MAY-04

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

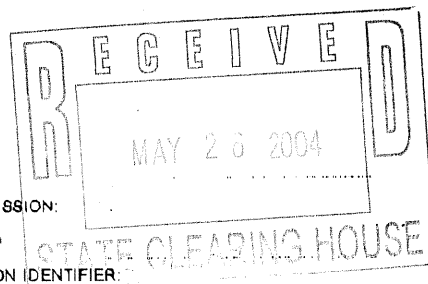
YES If "Yes," attach an explanation. ☒ NO

c. TELEPHONE NUMBER:

805-385-8019

d. DATE:

05/03/04



APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 04-314	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: CITY OF ROSEVILLE		Organizational Unit: Department: ENVIRONMENTAL UTILITIES		
Organizational DUNS: 076119643		Division: WATER DIVISION		
Address: Street: 2005 HILLTOP CIRCLE City: ROSEVILLE County: PLACER State: CA Zip Code: 95747		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: DERRICK Middle Name: H. Last Name: WHITEHEAD Suffix:		
Country: U.S.A.		Email: dwhitehead@roseville.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8000409		Phone Number (give area code) (916) 774-5593		Fax Number (give area code) (916) 774-5690
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - MUNICIPALITY Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-806 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: U.S. EPA, REGION 9, CHERYL FILART		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF ROSEVILLE, CITY OF ROCKLIN		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CITY OF ROSEVILLE WATER TANK REPLACEMENT PROJECT		
13. PROPOSED PROJECT Start Date: JANUARY 30, 2004 Ending Date: JANUARY 31, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4TH DISTRICT b. Project 4TH DISTRICT		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 337,500	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: MAY 26, 2004		
b. Applicant	\$ 277,212	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 614,712			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: MR.	First Name W.	Middle Name CRAIG		
Last Name ROBINSON		Suffix		
b. Title CITY MANAGER		c. Telephone Number (give area code) (916) 774-5353		
d. Signature of Authorized Representative		e. Date Signed		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/1

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California Department of Toxic Substances Control		Organizational Unit: Department: Science, Pollution Prevention, and Technology Program		
Organizational DUNS: 9490108070		Division: Office of Pollution Prevention and Technology Development		
Address: Street: 1001 "I" Street, P.O. Box 806		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix:	First Name: Robert	
County: Sacramento		Middle Name		
State: California		Last Name: Ludwig		
Zip Code: 95812-0806		Suffix:		
Country: USA		Email: rludwig@dtsc.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347		Phone Number (give area code) 916-324-2659		Fax Number (give area code) 916-327-4494
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-708		9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hydrocarbon Technology Alternative to Perchloroethylene for Dry Cleaning		
13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 03/31/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide b. Project Statewide		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 74,100	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 27, 2004		
b. Applicant	\$ 51,620	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 22,480	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 148,200			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Dr.	First Name Jeffrey	Middle Name		
Last Name Wong	Suffix			
b. Title Deputy Director of the Science, Pollution Prevention and Technology Program	c. Telephone Number (give area code) 916-322-2822			
d. Signature of Authorized Representative <i>Spencer for J. Wong</i>	e. Date Signed 21 May 04			

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: California Department of Toxic Substances Control		Department: Regulatory Program Development Branch		
Organizational DUNS: 949010870		Division: Regulatory and Program Development Division		
Address: Street: 1001 "I" Street, P.O. Box 806		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Mr.		
County: Sacramento		First Name: Andre		
State: California		Middle Name: Maurice		
Country: USA		Last Name: Algazi		
Zip Code: 95812-0806		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][8]-[0][2][8][1][3][8][1]		Email: aalgazi@dtsc.ca.gov		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) 916-324-3114		
Other (specify)		Fax Number (give area code) 916-327-4495		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [6][6]-[7][0][8]		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
TITLE (Name of Program): Pollution Prevention Grant (formerly PPIS)		9. NAME OF FEDERAL AGENCY: USEPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Partnerships for Mercury Pollution Prevention		
13. PROPOSED PROJECT Start Date: 11/01/2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide		
Ending Date: 11/01/2005		b. Project Statewide		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 75,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 75,000		DATE: May 27, 2004		
c. State \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 150,000		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		Middle Name		
Prefix Mr.		First Name Karl		
Last Name Palmer		Suffix		
b. Title Chief, Regulatory Program Development Branch		c. Telephone Number (give area code) 916-445-2625		
d. Signature of Authorized Representative		e. Date Signed 5/26/04		

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Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California State University, Hayward		Organizational Unit: Department: Management and Finance Department Division:		
Organizational DUNS: 62-720-8234		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 25800 Carlos Bee Blvd.		Prefix: Dr.	First Name: Samuel	
City: Hayward		Middle Name		
County: Alameda County		Last Name Doctors		
State: CA		Suffix: PhD		
Zip Code 94542		Email: doctors@greenstart.org		
Country: US		Phone Number (give area code) 510-885-3554		Fax Number (give area code) 510-885-4773
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6390558		7. TYPE OF APPLICANT: (See back of form for Application Types) State University Other (specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: US EPA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Pollution Prevention Grants 68-708		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Proposal to Continue Regional Green Business Program Coordination		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): EPA Region 9		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 13th b. Project EPA Region 9		
13. PROPOSED PROJECT Start Date: 5/1/04 Ending Date: 4/30/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/25/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 200,000			
b. Applicant	\$			
c. State	\$			
d. Local	\$			
e. Other	\$ 200,000			
f. Program Income	\$			
g. TOTAL	\$ 400,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Dr. First Name: Stanley Last Name: Clark Title: Interim Provost and Vice President, Academic Affairs Signature: <i>Stanley J. Clark</i>		Middle Name: Suffix: c. Telephone Number (give area code): 510-885-3711 e. Date Signed: 5/25/04		

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 2, 2004		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: REGENTS OF THE UNIVERSITY OF CALIFORNIA	Organizational Unit: WATERSHED CENTER - JOHN MUIR INSTITUTE OF THE ENVIRONMENT
Address (give city, county, State, and zip code): SPONSORED PROGRAMS ONE SHIELDS AVENUE DAVIS, CA 95616 YOLLO COUNTY	Name and telephone number of person to be contacted on matters involving this application (give area code) DR. PETER B. MOYLE (530) 752-6355 FAX (530) 756-2579 PBMOYLE@UCDAVIS.EDU

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6036494

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	<input checked="" type="checkbox"/> I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY: USEPA - ENVIRONMENTAL PROTECTION AGENCY

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
66-461
TITLE: WETLAND PROGRAM DEVELOPMENT GRANT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
MOUNTAIN MEADOW WETLANDS:
PROTECTING CRITICAL ROLES IN THE
SIERRA NEVADA

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
CA COUNTIES: EL DORADO, LASSEN, NEVADA, PLACER,
PLUMAS, SIERRA, YUBA

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date	Ending Date	a. Applicant	b. Project C. D.
Nov. 1, 2004	Nov. 1, 2007	C.D.#1	#2 & #4

15. ESTIMATED FUNDING:

a. Federal	\$	180,000.00
b. Applicant	\$	
c. State	\$	80,000.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	240,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE MAY 27, 2004

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

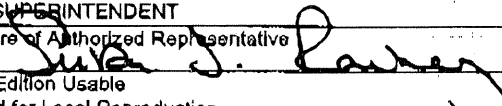
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title Kimberly Lamar Contracts and Grants Analyst	c. Telephone Number (530) 752-2075
d. Signature of Authorized Representative Kimberly Lamar	e. Date Signed 5/25/04	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/4/2004		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: RIVERSIDE UNIFIED SCHOOL DISTRICT			Organizational Unit: Department: NUTRITION SERVICES DEPARTMENT		
Organizational DUNS: 066158890			Division:		
Address: Street: 3380 14TH STREET			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: RIVERSIDE			Prefix: MR. First Name: RODNEY		
County: RIVERSIDE			Middle Name K.		
State: CA			Last Name TAYLOR		
Zip Code 92501			Suffix:		
Country: RIVERSIDE			Email: rktaylor@rusd.k12.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2883296			Phone Number (give area code) (909) 788-7485 Extension 110		Fax Number (give area code) (909) 369-1725
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) H. INDEPENDENT SCHOOL DISTRICT Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 93-571			9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CALIFORNIA, RIVERSIDE COUNTY, AND RIVERSIDE CITY			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY FOOD AND NUTRITION PROGRAM FARMERS MARKET SALAD BAR PROGRAM		
13. PROPOSED PROJECT Start Date: 10/01/2004			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44TH CONGRESSIONAL DISTRICT		
Ending Date: 09/30/2004			b. Project 44TH CONGRESSIONAL DIST.		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE: 06/04/2004 A COPY OF FORM 424		
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	50,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix DR.		First Name SUSAN		Middle Name J.	
Last Name RAINEY				Suffix	
b. Title SUPERINTENDENT				c. Telephone Number (give area code) (909) 788-7130	
d. Signature of Authorized Representative 				e. Date Signed 5/26/04	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/24/04	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Children's Home Society of California		Organizational Unit: Department: Child Care and Development Services		
Organizational DUNS: 102576498		Division: N/A		
Address: Street: 525 N. Cabrillo Park Dr., Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Beverly		
City: Santa Ana		Middle Name: Joan		
County: Orange		Last Name: Tidwell		
State: CA		Suffix: N/A		
Country: USA		Email: BeverlyT@chs-ca.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1890976		Phone Number (give area code) 714-834-4959		
7. TYPE OF APPLICANT: (See back of form for Application Types) 0 Other (specify)		Fax Number (give area code) 714-568-5238		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Department of Health and Human Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CHS Nutrition Services Project		
TITLE (Name of Program): Community Food and Nutrition Program		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48 b. Project 40, 42, 44, 46, 47, 48		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/26/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
15. ESTIMATED FUNDING:		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Federal	\$ 50,000	a. Authorized Representative Prefix: Mrs. First Name: Beverly		
b. Applicant	\$	Middle Name: Joan		
c. State	\$	Suffix: N/A		
d. Local	\$	c. Telephone Number (give area code) 714-834-4959		
e. Other	\$	d. Date Signed May 24, 2004		
f. Program Income	\$			
g. TOTAL	\$ 50,000			
b. Title Program Administrator V and Assistant Chief Executive Officer				
d. Signature of Authorized Representative Beverly J. Tidwell				
Previous Edition Usable Authorized for Local Reproduction				

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 27, 2004	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California State University, Fresno Foundation			Organizational Unit: Department: Institution of Higher Education	
Organizational DUNS: 15-083-7003			Division:	
Address: Street: 4910 N. Chestnut Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Allen	
City: Fresno			Middle Name	
County: Fresno			Last Name Carden	
State: CA		Zip Code 93726-1852	Suffix:	
Country: United States			Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6003272			Phone Number (give area code) (559) 292-6092	Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) I. State Controlled Institution of Higher Learning Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552			9. NAME OF FEDERAL AGENCY: NTIA U.S. Department of Commerce	
TITLE (Name of Program): Technology Opportunities Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technology Opportunities Program (TOP)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Central California				
13. PROPOSED PROJECT Start Date: 9/1/04 Ending Date: 8/30/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19 and 20	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	570,391.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	670,330.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	.00		
e. Other	\$	.00		
f. Program Income	\$	.00		
g. TOTAL	\$	1,240,648.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: First Name: Pete Last Name: Prestegard			Middle Name Suffix	
b. Title: Chief Financial Officer			c. Telephone Number (give area code) (559) 278-0840	
d. Signature of Authorized Representative:			e. Date Signed: 4/27/04	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 20May2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CH 11228	
5. APPLICANT INFORMATION			
Legal Name: St. Joseph Hospital of Orange		Organizational Unit:	
Address (give city, county, State, and zip code): 1100 West Stewart Drive Orange, CA 92868-3849		Name and telephone number of person to be contacted on matters involving this application (give area code): Viki L. Barie (714) 744-8605	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1643359		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-profit hospital</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81-049 TITLE:		9. NAME OF FEDERAL AGENCY: Department of Energy	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Orange, Orange County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technology upgrade for St. Joseph Hospital, Orange, CA	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 40, 47	
Start Date 9/04	Ending Date 7/07	a. Applicant St. Joseph Hospital of Orange	
15. ESTIMATED FUNDING:		b. Project Technology Upgrade	
a. Federal	\$ 725,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 131,281,138	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5-21-04	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 132,006,138		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert A. Minkin		b. Title ZVP/COO	c. Telephone Number 714 771 8980
d. Signature of Authorized Representative Robert A. Minkin		e. Date Signed 5/21/04	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier R-9 #04-281	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: City of Santa Ana		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 083153247		Organizational Unit: Department: Public Works Agency		Division: Water Resources	
Address: Street: 220 S. Daisy Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: M 85 First Name: Steve		Middle Name: Ray	
City: Santa Ana		Last Name: Worrall		Suffix:	
County: Orange County		State: California		Zip Code: 92703	
Country: United States		Email: SWorrall@ci.santa-ana.ca.us		Phone Number (give area code): (714) 647-3319	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 05-6000785		Fax Number (give area code): (714) 647-3345		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: West Pump Station Facility Upgrade	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: FY04 EPA Appropriations Grant 66-606 TITLE (Name of Program):		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Ana		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 46 & 47 b. Project 47	
13. PROPOSED PROJECT Start Date: Ending Date:		15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-24-04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ 482,100		b. Applicant \$ 394,446		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
c. State \$ 0		d. Local \$ 0			
e. Other \$ 0		f. Program Income \$ 0			
g. TOTAL \$ 876,546					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Last Name: Coughran		First Name: Thom		Middle Name: Suffix:	
b. Title: Water Resources Manager		c. Telephone Number (give area code): (714) 647-3318		e. Date Signed: 5-24-04	
d. Signature of Authorized Representative: <i>[Signature]</i>					

APPLICATION FOR FEDERAL ASSISTANCE

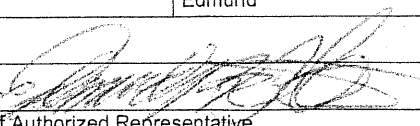
Version 7/03

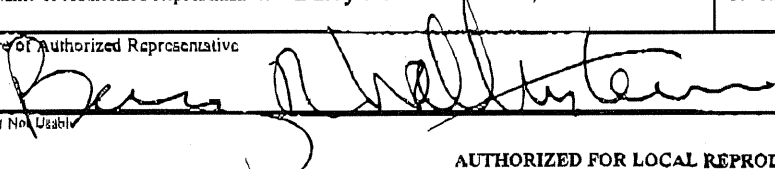
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/15/04 3. DATE RECEIVED BY STATE 07/01/04 4. DATE RECEIVED BY FEDERAL AGENCY 05/15/04	Applicant Identifier B-04-MC-06-0534 State Application Identifier Federal Identifier B-04-MC-06-0534
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5. APPLICANT INFORMATION Legal Name: City of Oxnard Organizational DUNS: 081790214 Address: Street: 300 West Third Street, Suite 302 City: Oxnard County: Ventura State: California Country: USA		Organizational Unit: Department: Finance Department Division: Grants Management Division Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Norma Middle Name: J. Last Name: Owens Suffix: Email: norma.owens@ci.oxnard.ca.us Phone Number (give area code): (805) 385-7477 Fax Number (give area code): (805) 385-7466
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000756 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify) 9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Development Block Grant (CDBG) Program
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218 TITLE (Name of Program): Community Development Block Grant (CDBG) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oxnard	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 b. Project 23 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/01/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
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13. PROPOSED PROJECT Start Date: 07/01/04 Ending Date: 06/30/05 15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$</td> <td>3,431,889.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>400,000.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>3,831,889.00</td> </tr> </table>	a. Federal	\$	3,431,889.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	400,000.00	g. TOTAL	\$	3,831,889.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: Mr. First Name: Edmund Middle Name: F. Last Name: Sotelo Suffix: b. Title City Manager Signature of Authorized Representative:  e. Date Signed: 05/14/04
a. Federal	\$	3,431,889.00																				
b. Applicant	\$	0.00																				
c. State	\$	0.00																				
d. Local	\$	0.00																				
e. Other	\$	0.00																				
f. Program Income	\$	400,000.00																				
g. TOTAL	\$	3,831,889.00																				

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMI 5-21-04		DUNS Number 025986159	
1. TYPE OF SUBMISSION Application		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT			Organizational Unit:		
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780		
6. EMPLOYER IDENTIFICATION (BIN): 953099419			7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Regional Agency		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other Specify:			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.708 TITLE: Pollution Prevention Grants Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pollution Prevention Grant - Alternatives to VOC Emitting Lubricants and Rust Inhibitors		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties					
13. PROPOSED PROJECT:		14. CONGRESSIONAL			
Start Date	End Date	a. Applicant: 24-48		b. Project: 24-48	
10/1/2004	01/01/06				
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 5-21-04 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	79,986			
b. Applicant	\$	79,986			
c. State	\$				
d. Local	\$				
e. Other	\$	12,480			
f. Program Income	\$				
g. TOTAL	\$	172,452			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.			b. Title: Executive Officer		c. Telephone No. (909) 396-2100
d. Signature of Authorized Representative 					e. Date Signed 5-21-04

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5830	
Recipient Name:	ACCESS SERVICES, INC.	
Project ID:	CA-16-0045	
Budget Number:	1 - Budget Pending Approval	
Project Information:	FY 2005 CAP PRJCTS; PURCHASED TRANSP	

Part 1: Recipient Information

Project Number:	CA-16-0045
Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Address:	633 WEST 5TH STREET 9TH FLOOR, LOS ANGELES, CA 90017 0000
Telephone:	(213) 270-6000
Facsimile:	(213) 270-6057

Union Information

Recipient ID:	5830
Union Name:	Gardena Municipal Employees Association
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	Ellen Emerson
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES DEPUTY SHERRIFFS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	DOUGLAS MCLELLAN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	TRANSPORTATION COMMUNION INTERNATIONAL UNIOUNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ROBERT SCARDELLETTI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	TRANSPORTATION-COMMUNICATION INTERNATIONAL UNION (TCU)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ROBERT SCARDELLETTI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SERVICE EMPLOYEES' INTERNATIONAL UNIONUNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ANDREW STERN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SERVICE EMPLOYEES' INTERNATIONAL UNION (SEIU)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ANDREW STERN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS (IAM)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	THOMAS BUFFENBARGER

Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS (IAM)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	THOMAS BUFFENBARGER
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	RAY MATHHEWS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JOHN J. BARRY
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	BROTHERHOOD OF LOCOMOTIVE ENGINEERS (BLE)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	EDWARD DUBROSKI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	BROTHERHOOD OF AIRLINE, RAILWAY AND STEAMSHIP CLERKS (BARSC)
Address 1:	
Address 2:	

City:	, 00000 0000
Contact Name:	NA NA
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMERICAN TRAIN DISPATCHERS ASSOCIATION (ATDA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LES PARMELEE
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SOUTHERN CALIFORNIA CONFERENCE OF CARPENTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	GORDON HUBEL
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA ADMINISTRATIVE TEAM ASSOCIATION (SMATA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	KAREN PICKETT
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA MANAGEMENT TEAM ASSOCIATION (SMMTA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	BOB HARVEY
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA MUNICIPAL EMPLOYEES' ASSOCIATION (SMMEA)

Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LEE NORRIS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	BERNIE MCNELIS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LEO E. WETZEL
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	GERALD McENTEE
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	TED HUNT
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JAMES, P. HOFFA
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$54,152,264
Project Number:	CA-16-0045	Adjustment Amt:	\$0
Project Description:	FY 2005 CAP PRJCTS; PURCHASED TRANSP	Total Eligible Cost:	\$54,152,264
Recipient Type:	Other Nonprofit Organization	Total FTA Amt:	\$47,941,000
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Arun Prem 213.270.6000	Total Local Amt:	\$6,211,264
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20513	Special Condition:	None Specified
Sec. of Statute:	5310	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2004 - Oct. 31, 2005	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002		
Program Page:	4		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

U.S. Department of Justice
Office of Community Oriented Policing Services

COPS in Schools 2004 Budget Information

Applicant Legal Name: Inglewood Unified School District ORI Code (Assigned by FBI): C A 0 1 9 2 5

STATE CLEARING HOUSE

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-time officer positions. Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 800.421.6770.
OMB Approval Number: 1103-0027

Part I: Complete if your agency is requesting full-time officers

Instructions:

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

1. Cost Per Full-Time Officer - Year 1

Current Annual Entry-Level Base Salary \$ 43,029 .00 % of base salary

Annual Fringe Benefits:

*Please refer to Part III, Question 4.

*Social Security	\$ <u> </u> .00	%
*Medicare	\$ <u> </u> .00	%
Health Insurance	\$ <u> </u> .00	%
Life Insurance	\$ <u> </u> .00	%
Vacation	\$ <u> </u> .00	%
Sick Leave	\$ <u> </u> .00	%
Retirement	\$ <u> </u> .00	%
*Worker's Comp.	\$ <u> </u> .00	%
*Unemployment Ins.	\$ <u> </u> .00	%
Other	\$ <u> </u> .00	%
Other	\$ <u> </u> .00	%

Total Fringe Benefits

\$ 11,729 .00

Total Year 1 Salary and Benefits

\$ 54,758 .00

Enter the base annual salary that your department currently pays a new, entry-level officer.

Cost for Social Security may not exceed 6.2%. If exempt check here ☐
Cost for Medicare may not exceed 1.45%. If exempt check here ☐
Costs toward health insurance coverage; please indicate if this is for Family Coverage ☒ Yes ☐ No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually:
Sick leave costs, if not included in base salary. # of hours annually:
Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department's annual fringe benefits for Year 1.
Year 1 base salary plus Year 1 fringe benefits.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <u>X</u> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier R9 Tracking #04-312(UST)
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth Haven (916) 341-5752	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913		9. Name of Federal Agency: U. S. Environmental Protection Agency	
8. Type of Application: <u>X</u> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		11. Descriptive Title of Applicant's Project: Development and implementation of regulatory programs for the prevention, detection, and correction of leaking USTs containing petroleum and hazardous substances.	
10. Catalog of Federal Domestic Assistance Number 66.804 Title: Leaking Underground Storage Tank Trust Fund		14. Congressional District of: Applicant: _____ Project: _____ 3 California - All	
12. Area Affected by Project: (cities, counties, states, etc.) California		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: May 21, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
13. Proposed Project: Start Date 7/1/04 End Date 6/30/05		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <u>X</u> NO	
15. ESTIMATED FUNDING: a. Federal \$231,600 b. Applicant \$0 c. State \$77,200 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$308,800			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: Henry E. Thornhill, III, individually and as Trustee for the Barbara B. Thornhill Trust P.R. 5261, dated 9/16/63		Organizational Unit: N/A															
Address (give city, county, State, and zip code): 1107 Kennedy Place, Suite 1 Davis, Yolo County, California 95616		Name and telephone number of person to be contacted on matters involving this application (give area code) Henry E. Thornhill III (530) 758-8153															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0 6 — 1 4 0 7 8 9 9 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 auto;">N</div>															
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> A. Increase Award B. Decrease Award C. Increase Duration </div> <div style="display: flex; justify-content: space-between; font-size: small;"> D. Decrease Duration Other(specify): </div>		<div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Individual</u> </div> </div>															
		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development (see attached)															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 4 — 1 3 5 </div> </div> TITLE: Mortgage Insurance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sycamore Lane Apartments 158 units of multifamily housing Davis, California (see attached location map and form HUD-92013 for further description)															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Davis, County of Yolo, State of California																	
13. PROPOSED PROJECT Start Date: 09/2004 Ending Date: 08/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 1 - California b. Project: 1 - California															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 18,979,200.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 18,979,200.00</td> </tr> </table>		a. Federal	\$ 18,979,200.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 18,979,200.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>5/17/2004</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 18,979,200.00																
b. Applicant	\$.00																
c. State	\$.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 18,979,200.00																
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative Henry E. Thornhill III		b. Title as an individual and as Trustee for the															
c. Telephone Number (530) 758-8153																	
d. Signature of Authorized Representative 		e. Date Signed 05/10/2004															
Barbara B. Thornhill Trust P.R. 5261, dated September 16, 1963																	

APPLICATION FOR
FEDERAL ASSISTANCE

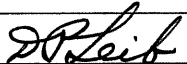
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/04/04		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: North County Interfaith Council, Inc.			Organizational Unit:		
Organizational DUNS: 625463468			Department: Nutrition		
Address:			Division: Oceanside Office		
Street: 550-B W. Washington Ave.			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Escondido			Prefix: MS. First Name: Deborah		
County: San Diego			Middle Name: Ann		
State: California Zip Code: 92025			Last Name: Andreasen		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3837714			Email: dandreasen@interfaithservices.org		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			Phone Number (give area code): 760 489 6380		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Fax Number (give area code): 760 740 0037		
Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			8. Not for Profit Organization		
TITLE (Name of Program): Community Food and Nutrition			9. NAME OF FEDERAL AGENCY: Department of Health & Human Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego North County Coastal			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Coastal Service Center Nutrition Program		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 08/01/04 Ending Date: 07/31/05			a. Applicant 50 b. Project 49		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 49,007			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$			DATE: 05/19/04		
c. State \$			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 49,007					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name RON		Middle Name MILONE	
Last Name MILONE				Suffix	
b. Title ASSOCIATE DIRECTOR		c. Telephone Number (give area code) (760) 489-6380 x224			
d. Signature of Authorized Representative		e. Date Signed 5/19/04			

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Prescribed by OMB Circular A-102

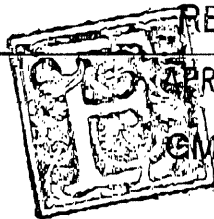
**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

APPLICANT INFORMATION																																	
Legal Name: County of San Luis Obispo, California			Organizational Unit: Airport																														
Organizational DUNS: 11-150-3538			Department: Department of General Services																														
Address: Street: 1087 Santa Rosa Street			Division: -																														
City: San Luis Obispo			Name and telephone number of person to be contacted on matters involving this application (give area code)																														
County: San Luis Obispo			Prefix: Ms. First Name: Klaasje																														
State: CA Zip Code: 93408-3101			Middle Name: -																														
Country: USA			Last Name: Nairne																														
			Suffix: -																														
Email: knairne@co.slo.ca.us																																	
6. EMPLOYER IDENTIFICATION NUMBER EIN: <div style="border: 1px solid black; padding: 2px; display: inline-block;">9 5 - 6 0 0 0 9 3 9</div>			Phone number (give area code): 805-781-5205		FAX number (give area code): 805-781-5985																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> Other (specify)																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 0 - 1 0 6</div>			9. NAME OF FEDERAL AGENCY Federal Aviation Administration																														
TITLE: Airport Improvement Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Luis Obispo County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Master Plan :																														
13. PROPOSED PROJECT Start Date: 06/01/04 Ending Date: 05/31/05			14. CONGRESSIONAL DISTRICTS OF a. Applicant #23 b. Project #23																														
15. ESTIMATED FUNDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>300,000</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>789</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>15,000</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>315,789</td> <td>.00</td> </tr> </table>			a. Federal	\$	300,000	.00	b. Applicant	\$	789	.00	c. State	\$	15,000	.00	d. Local	\$	0	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	315,789	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 24, 2003 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	300,000	.00																														
b. Applicant	\$	789	.00																														
c. State	\$	15,000	.00																														
d. Local	\$	0	.00																														
e. Other	\$	0	.00																														
f. Program Income	\$	0	.00																														
g. TOTAL	\$	315,789	.00																														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No																																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Authorized Representative																																	
Prefix Mr.		First Name Duane		Middle Name - P.																													
Last Name Leib		Suffix -		c. Telephone number (give area code) 805-781-5200																													
d. Signature of Authorized Representative 		e. Date Signed 5/17/04																															

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 23, 2004	Applicant Identifier
1. TYPE OF SUBMITTING: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Agua Caliente Band of Cahuilla Indians		Organizational Unit:	
Address (give city, county, State, and zip code): 650 East Tahquitz Canyon Way, Palm Springs, CA 92262		Name and telephone number of person to be contacted on matters involving this application (give area code): Clifford W. Batten 760-325-3400 EXT 1342	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2549724 DUNS# 182070482		7. TYPE OF APPLICANT: (enter appropriate letter in box) K	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: EPA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-419 TITLE: Clean Water Act Section 106		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clean Water Act Section 106	
12. Areas affected by project (Cities, Counties, States, etc.): Agua Caliente Indian Reservation City of Palm Springs City of Cathedral City Riverside County		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 18 2004 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT RESEARCH			
14. CONGRESSIONAL DISTRICTS OF: Mary Bono			
Start Date 10-1-2004	Ending Date 9-30-2005	a. Applicant Agua Caliente Band of Cahuilla Indians	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 135,000. ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>5/04</u>	
b. Applicant	\$ 7,105. ⁰⁰	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$. ⁰⁰		
d. Local	\$. ⁰⁰		
e. Other	\$. ⁰⁰		
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 142,105. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Richard M. Milanovich		b. Title Chairman	c. Telephone Number (760) 325-3400
d. Signature of Authorized Representative 		e. Date Signed 4-19-04	

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: TWIN BRIDGES CABIN OWNERS ASSOCIATION			Organizational Unit: Department:	
Organizational DUNS: 05-136-0837			Division:	
Address: Street: 283 MONTE RD. #5 City: SALINAS County: MONTEREY State: CA Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: PHOEBE Middle Name: S. Last Name: WILSON Suffix: Email: PHOEBE_WILSON@JUNO.COM Phone Number (give area code): 831 758-8670 Fax Number (give area code): 831 758-8670	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0546787			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify) HOMEOWNERS ASSOCIATION	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			9. NAME OF FEDERAL AGENCY: USDA, RURAL DEVELOPMENT	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY SEPTIC SYSTEM TO BE CONSTRUCTED FOR ELEVEN CABINS OWNED BY MEMBERS OF TWIN BRIDGES CABIN OWNERS ASSOCIATION, A NON-PROFIT CORPORATION TO COMPLY WITH THE ORDER OF THE MONTEREY COUNTY HEALTH DEPARTMENT.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): UNINCORPORATED AREA OF MONTEREY COUNTY, CALIFORNIA			14. CONGRESSIONAL DISTRICTS OF:	
13. PROPOSED PROJECT Start Date: 09/01/04 Ending Date: 12/31/04			a. Applicant 17a b. Project 17a	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 191,150 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 191,150			a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix MS First Name PHOEBE Last Name WILSON b. Title PRESIDENT d. Signature of Authorized Representative			Middle Name S Suffix c. Telephone Number (give area code) 831 758-8670 e. Date Signed 04/01/04	

APPLICATION FOR
FEDERAL ASSISTANCE

DATE SUBMITTED

5-13-04

Applicant Ide.

1. TYPE OF SUBMISSION:

Application

☐ Construction

Preapplication

☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Western Contra Costa Transit Auth

Organizational Unit:

Dunn # 103429361

Address (give city, county, state, and zip code):

601 WALLER AVE
PIMOLZ, CA 94564
USA

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Robin TAWFALL
510-724-3331

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 6027345

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ W

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify) Joint Powers Agreement

county & cities of Hercules/Alameda

9. NAME OF FEDERAL AGENCY:

Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20 - 507

TITLE:

Federal Transit formula Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

* Operating Assistance for Paratransit
* FIXED ROUTE SERVICE
* Preventive maintenance
* CATALYTIC DEVICES for existing vehicles to lower emissions

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Contra Costa County

13. PROPOSED PROJECT:

Start Date

Ending Date

6/30/04

6/30/06

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

George Miller District 7

15. ESTIMATED FUNDING:

a. Federal	\$	1,373,364	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$	284,497	.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	1,657,861	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE

5-13-04

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

RECEIVED

MAY 18 2004

STATE CLEARING HOUSE

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Charles Anderson

b. Title

General Manager

c. Telephone number

510-724-3331

d. Signature of Authorized Representative

Chd n M

e. Date Signed

5-14-04

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION																						
Legal Name Orange Cove Rural Fire Protection District of Fresno & Tulare Counties Address (give city, county, State, and zip code): 550 Center Street Orange Cove, California 93646	Organizational Unit: Fire Department Name and telephone number of person to be contacted on matters involving this application (give area code) Chief Robert Terry (559) 626-7758																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 944 - 6035403 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; float: right;">G</div> <div style="clear: both;"></div> </div>																					
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; padding: 2px;">10 - 766</div> </div> TITLE: _____	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Tender/Tanker Fire Truck for Urban / Rural fire protection.																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Entire City of Orange Cove, portions of rural Fresno & Tulare Counties																						
13. PROPOSED PROJECT Fire Truck Start Date _____ Ending Date _____	14. CONGRESSIONAL DISTRICTS OF: David Nunez 21st., Cal Dooley 20th., George Radanovich 19th.																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">111000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">74000</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;"> </td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;"> </td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;"> </td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">185000</td> </tr> </table>		a. Federal	\$	111000	b. Applicant	\$	74000	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$	0	g. TOTAL	\$	185000
a. Federal	\$	111000																				
b. Applicant	\$	74000																				
c. State	\$																					
d. Local	\$																					
e. Other	\$																					
f. Program Income	\$	0																				
g. TOTAL	\$	185000																				
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: _____ DATE _____ b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Type Name of Authorized Representative Robert W. Terry	b. Title Fire Chief																					
c. Telephone Number (559) 626-7758																						
d. Signature of Authorized Representative 	e. Date Signed May 11th, 2004																					

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission:

Application _____ Preapplication _____
 _____ Construction _____ Construction
X Nonconstruction _____ Nonconstruction

5. Applicant Information:

Legal Name and Address:

(give city, county, state, and zip code)

State Water Resources Control Board
 1001 I Street, Sacramento County
 Sacramento, California 95814

2. Date Submitted

Applicant Identifier

3. Date Rec'd by State

State Application Identifier

4. Date Rec'd by Federal

Federal Identifier

Organizational Unit:

Central Valley Regional Water Quality Control Board

Name and telephone of person to be contacted on matters involving this application (give area code):

Les Grober
 (916) 464-4851

6. Employer Identification Number (EIN): 68-0281986

6. D U N S Number: 808321913

8. Type of Application:

X New _____ Revision _____ Continuation _____

If Revision, enter appropriate letter(s): _____

A. Increase Award B. Decrease Award
 C. Increase Duration D. Decrease Duration
 Other (specify) _____

7. Type of Applicant: (enter appropriate letter) A

A. State H. Independent School District
 B. County I. State Institute of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (specify)

9. Name of Federal Agency:

U. S. Environmental Protection Agency

10. Catalog of Federal Domestic Assistance Number

66.463

Title: Water Quality Cooperative Agreements

11. Descriptive Title of Applicant's Project:

The San Joaquin River is listed on the Federal Clean Water Act's 303(d) list as impaired for salinity and boron and has been designated "high priority" for TMDL development. The project area encompasses approximately 2.9 million acres in the San Joaquin Valley.

13. Proposed Project:

Start Date

7/1/04

End Date

6/30/05

14. Congressional District of:

Applicant:

3

Project:

California - All

15. ESTIMATED FUNDING:

a. Federal	\$150,000
b. Applicant	\$0
c. State	\$0
d. Local	\$0
e. Other	\$0
f. Program Income	\$0
g. TOTAL	\$150,000

16. Is the application subject to review by the State Executive Order (EO) 12372 process?

a. YES: X This application/preapplication was made available to the State EO 12372 process for review on:

Date: May 18, 2004

b. NO: _____ Program is not covered by EO # 12372
 _____ Program has not been selected by the state for review.

17. Is the applicant delinquent on any Federal debt?

_____ YES, attach explanation

X NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Celeste Cantú

b. Title:

Executive Director

c. Telephone Number

(916) 341-5615

d. Signature of Authorized Representative

e. Date Signed:

A 1

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 5, 2004	Applicant Identifier Vista Verde	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Housing Authority of the County of Kern		Department:	
Organizational DUNS: 0779790128		Division:	
Address: Street: 601 24th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Bakersfield		Prefix: Mr.	First Name: Mark
County: Kern		Middle Name: A	
State: CA		Last Name: Smith	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001629		Email: msmith@kernha.org	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) (661) 631-8500	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405		Fax Number (give area code) (661) 631-9500	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Bakersfield, Kern County, California		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) N: Public Housing Agency	
13. PROPOSED PROJECT Start Date: 03/2005 Ending Date: 05/2006		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Vista Verde, Application for Funding	
a. Federal USDA	\$ 1,400,000.00	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th and 22nd	
b. Applicant	\$ 128,798.00	b. Project 20th	
c. State Joe Serna, Tax Credits	\$ 8,421,031.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
d. Local	\$.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
e. Other HUD RHF Funds	\$ 1,012,028.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 10,959,857.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Mr.		Middle Name L.	
Last Name Carter		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (661) 631-8500	
d. Signature of Authorized Representative		e. Date Signed May 5, 2004	

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Prescribed by OMB Circular A-102

A 1

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 4, 2004	Applicant Identifier Casas del Valle	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Housing Authority of the County of Kern		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Organizational DUNS: 0779790128		Organizational Unit: Department:		
Address: Street: 601 24th Street		Division:		
City: Bakersfield		Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Kern		Prefix: Mr.		
State: CA		First Name: Mark		
Zip Code: 93301		Middle Name: A.		
Country: USA		Last Name: Smith		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001629		Suffix:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Email: msmith@kemha.org		
Other (specify)		Phone Number (give area code) (661) 631-8500		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405		Fax Number (give area code) (661) 631-9500		
TITLE (Name of Program): Farm Labor Housing Loan and Grant Program		7. TYPE OF APPLICANT: (See back of form for Application Types)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Delano, Kern County, California		Other (specify) N: Public Housing Agency		
13. PROPOSED PROJECT Start Date: February, 2005		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
Ending Date: February, 2006		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Casas del Valle, Application for Funding		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:		
a. Federal USDA	\$ 2,900,000	a. Applicant 20th and 22nd		
b. Applicant	\$ 477,179	b. Project 20th		
c. State Joe Serna, JR FWHG	\$ 3,000,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local	\$	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
e. Other Tax Credits	\$ 2,862,413	DATE:		
f. Program Income	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL	\$ 9,239,592	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Authorized Representative Prefix Mr.		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
First Name William				
Last Name Carter				
b. Title Executive Director		c. Telephone Number (give area code) (661) 631-8500		
Signature of Authorized Representative		e. Date Signed May 3, 2004		

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED March 30, 2004	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Adelanto Housing Investors, L.P.		Organizational Unit: a California limited partnership	
Address (give city, county, State, and zip code): 5400 E. Olympic Blvd., Suite 300 Los Angeles, CA 90022		Name and telephone number of person to be contacted on matters involving this application (give area code): Tara Celkis (562) 256-2032	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] To be determined		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>United Partnership</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [] - [] [] [] [] TITLE: <u>Farm Labor Housing</u>		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Adelanto, County of San Bernardino		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New construction of an 81-unit farmworker family housing development in Adelanto, California	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant 33 (Federal Congress) 26 (State Senate)	
15. ESTIMATED FUNDING:		b. Project 40th (Federal), 17th (State Senate)	
a. Federal	\$ 1,000,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 10,227,188	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Permanent Loan	\$ 2,265,031	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 13,492,119 0 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Clem		b. Title President	c. Telephone Number 323-721-1655
d. Signature of Authorized Representative John Clem		e. Date Signed 4-5-04	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 6, 2004		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Coachella Valley Housing Coalition			Organizational Unit: Department:		
Organizational DUNS: 61-328-1070			Division:		
Address: Street: 45-701 Monroc Street., Suite G			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Indio			Prefix: Mr.		
County: Riverside			First Name: John		
State: CA			Middle Name: F.		
Zip Code: 92201			Last Name: Mealey		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3814898			Email: Jmealey@cvhc.org		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Phone Number (give area code) 760-347-3157		
			Fax Number (give area code) 760-342-6466		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Non-Profit		
TITLE (Name of Program): Section 514-516			9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mecca, Riverside County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sixty Unit Farmworker Mobile Home Complex. Unit mix consists of 12 Three Bedroom Units and 48 Four Bedroom Units.		
13. PROPOSED PROJECT Start Date: January 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44th		
Ending Date: January 2006			b. Project 44th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal USDA \$ 2,550,000			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-5-04		
b. Applicant \$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State HCD/FWHG \$ 1,000,000			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local County of Riverside \$ 300,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other State of California TCAC \$ 6,730,395			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 10,580,395					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: John		Middle Name: F.	
Last Name: Mealey				Suffix:	
b. Title: Executive Director				c. Telephone Number (give area code) 760-347-3157	
d. Signature of Authorized Representative				e. Date Signed May 3, 2004	
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Friday May 14, 1904 9:01am -- From '342 6466'

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Sent By: CVHC;

342 8488 ;

May-14-04 9:17;

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 8, 2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
3. APPLICANT INFORMATION Legal Name: Coachella Valley Housing Coalition		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 61-328-1070		Organizational Unit: Department:		Division:	
Address: Street: 45-701 Monroe St. Suite G City: Indio County: Riverside State: California		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steven Middle Name: Last Name: Crowell Suffix:		Email: scrowell@cvhc.org	
Zip Code: 92201		Phone Number (give area code) (760) 347-3157		Fax Number (give area code) (760) 342-6488	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3814898		7. TYPE OF APPLICANT: (See back of form for Application Types) "O" Non-Profit Other (specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405 TITLE (Name of Program): USDA 514.516 Farm Labor Housing		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: El Solano Apartments The rehabilitation of this 43 unit SRO will be serving low to very low income individuals. Unit average size is 450 square feet including individual kitchens and baths. Preservation of this architecturally significant complex will contribute to the integrity and historical fabric for Blythe City.			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Blythe, Riverside, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44th District b. Project 45th District			
13. PROPOSED PROJECT Start Date: February 1, 2005 Ending Date: February 1, 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 4, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING: a. Federal USDA 514.516 \$ 2,493,881 b. Applicant \$ c. State HOME \$ 1,000,000 d. Local City of Blythe \$ 200,000 e. Other County of Riverside \$ 480,000 f. Program Income \$ g. TOTAL \$ 4,173,881		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr.		First Name John		Middle Name F.	
Last Name Mealey		Suffix		c. Telephone Number (give area code) (760) 347-3157	
b. Title Executive Director		d. Signature of Authorized Representative		e. Date Signed May 6, 2004	

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Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 6, 2004		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: South County Housing Corporation			Organizational Unit: Department:		
Organizational DUNS:			Division:		
Address: Street: 9015 Murray Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Gilroy			Prefix: Ms.		
County: Santa Clara County			First Name: Jan		
State: California			Middle Name		
Zip Code: 95020			Last Name: Lindenthal		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2590572			Email: jan@scounty.com		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Phone Number (give area code) (408) 842-9181 ext. 207		
			Fax Number (give area code) (408) 842-0277		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Pajaro, Monterey County, California			9. NAME OF FEDERAL AGENCY: USDA, RHS		
13. PROPOSED PROJECT Start Date: June 15, 2005 Ending Date: August 15, 2006			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Salinas Road Apartments 26 multi-family units FOR FARMWORKERS OF A TOTAL OF 64 MULTI-FAMILY UNITS		
15. ESTIMATED FUNDING:			14. CONGRESSIONAL DISTRICTS OF:		
a. Federal USDA, RD \$ 3,000,000			a. Applicant 16th		
b. Applicant GP EQUITY \$ 187,955			b. Project 17th		
c. State JSFWHG-RCAC \$ 1,178,125			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local COUNTY MONTEREY \$ 531,670			a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
e. Other TAX CREDITS-4% \$ 2,410,250			DATE:		
f. Program Income AHP, RCAC, NRC \$ 1,007,500			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL \$ 8,315,500			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Authorized Representative Prefix Mr.			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
First Name Dennis					
Last Name Lalor					
b. Title Executive Director			c. Telephone Number (give area code) (408) 842-9181 ext. 236		
d. Signature of Authorized Representative			e. Date Signed		

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 30, 2004	Applicant Identifier.
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Red Bluff Housing Investors, L.P.		Organizational Unit: a California limited partnership	
Address (give city, county, State, and zip code): 5400 E. Olympic Blvd., Suite 300 Los Angeles, CA 90022		Name and telephone number of person to be contacted on matters involving this application (give area code): Tara Celkis (562) 256-2032	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-0055201		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Limited Partnership	
		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Farm Labor Housing 10-405		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New construction of a bi-unit farmworker family apartment development in Red Bluff, California.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Red Bluff, County of Tehama			
13. PROPOSED PROJECT Start Date Ending Date		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 (Federal), 26 (State Senate), 2 (Federal & State), State Senate 4	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 1,000,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b. Applicant \$ 9,049,322		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State \$			
d. Local \$			
e. Other Permanent Lender \$ 717,532			
f. Program Income \$			
g. TOTAL \$ 10,766,854		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Clem		b. Title President, TELACU Homes Inc.	
c. Telephone Number (323) 721-1655		d. Signature of Authorized Representative John Clem	
e. Date Signed 4-5-04			

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. DATE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 6, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Housing Authority of the County of Fresno Address (give city, county, State, and zip code): 1331 Fulton Mall, P.O. Box 11985 Fresno, CA 93776 Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Edward L. Stacy 559-443-8475					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0301242 RECEIVED MAY 18 2004 7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Local Housing Authority					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): STATE CLEARING HOUSE					
9. NAME OF FEDERAL AGENCY: United States Department of Agriculture					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405 TITLE:					
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation and upgrade of existing migrant housing units to accommodate year-round occupancy by farm labor families.					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County					
13. PROPOSED PROJECT Rehab/upgrade units 14. CONGRESSIONAL DISTRICTS OF: U.S. Dist. 20, CA Dist. 16					
Start Date: 10/04 Ending Date: 11/05		a. Applicant: Housing Auth. of Co. of Fresno b. Project: Maldonado Plaza, Firebaugh, CA			
15. ESTIMATED FUNDING: \$3,000,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal USDA 514 \$ 1,000,000 b. Applicant \$ c. State JSerna Fwkn Hsing Gr 2,000,000 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 3,000,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE APPLICANT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Edward L. Stacy		b. Title Executive Director		c. Telephone Number 559-443-8475 e. Date Signed 5.9.04	
d. Signature of Authorized Representative Edward L. Stacy					

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/15/2004	Applicant Identifier R9 # 04-144	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of San Bernardino		Organizational Unit: Department: City Administrator's Office		
Organizational DUNS: 805349206		Division:		
Address: Street: 300 North "D" Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Bernardino		Prefix: Mrs. First Name: Lori		
County: San Bernardino		Middle Name		
State: CA		Last Name Sassoon		
Zip Code		Suffix:		
Country: United States of America		Email: Sassoon lo@sbcity.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000772		Phone Number (give area code) (909) 384-5122		Fax Number (give area code) (909) 384-5138
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Lakes and Streams Project 66-606 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: EPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Bernardino, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: NEPA-related analysis, property acquisitions/demolitions, and final design and engineering for the North Lake reservoir.		
13. PROPOSED PROJECT Start Date: 10/03/2003 Ending Date: 12/31/2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41, 43 b. Project 43		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 482,100	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/14/2004		
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 394,446	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 876,546	a. Authorized Representative		
Prefix Mr. First Name Fred Middle Name		Last Name Wilson Suffix		
b. Title City Administrator		c. Telephone Number (give area code) (909) 384-5122		
d. Signature of Authorized Representative		e. Date Signed 05/14/2004		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5-17-04		Applicant Identifier N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: Rancho Cordova Police Department			Organizational Unit:		
Organizational DUNS:			Division:		
Address (give city, county, state, and zip code): 10361 Rockingham Drive Sacramento, CA 95827			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Sergeant Geoff Sutliff Phone: 916-874-4601		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 80-0058934			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: COPS in Schools 2004			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rancho Cordova CIS 2004		
13. PROPOSED PROJECT: Start Date: 9/1/04 Ending Date: 9/1/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3, 5 b. Project 3, 5			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 125,000.00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/17/04			
b. Applicant	\$ 0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ 205,763.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$ 0.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$ 0.00				
g. TOTAL	\$ 330,763.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Geoff Sutliff		b. Title Sergeant		c. Telephone number 916-874-4601	
d. Signature of Authorized Representative				e. Date Signed 5-17-04	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/15/2004	Applicant Identifier R9 #04-156	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of San Bernardino		Organizational Unit: Department: City Administrator's Office		
Organizational DUNS: 805349206		Division: -		
Address: Street: 300 North "D" Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Bernardino		Prefix: Mrs. First Name: Lori		
County: San Bernardino		Middle Name: E.		
State: CA		Last Name: Sassoon		
Zip Code: 92408		Suffix: -		
Country: United States of America		Email: Sassoon_lo@sbcity.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000772		Phone Number (give area code) (909) 384-5122		Fax Number (give area code) (909) 384-5138
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Lakes and Streams Project 66-606 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: EPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Bernardino, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Study and analysis regarding the development of potential lakes that will alleviate high ground-water levels, and provide for treatment and storage of potable water.		
13. PROPOSED PROJECT Start Date: 10/01/2002 Ending Date: 12/31/2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41, 43 b. Project 43		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 447,100	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/14/2004		
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 30,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 477,100	a. Authorized Representative		
Prefix: Mr. First Name: Fred Middle Name:		Last Name: Wilson Suffix:		
b. Title: City Administrator		c. Telephone Number (give area code): (909) 384-5122		
d. Signature of Authorized Representative		e. Date Signed: 05/14/2004		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/15/04	Grant Identifier ESG-2004
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: San Diego Urban County		Organizational Unit: Department: County of San Diego - Dept. of Housing and Community Development																																																																						
Organizational DUNS: 00-9581646		Division: Community Development																																																																						
Address: Street: 3989 Ruffin Road		Name and telephone number of person to be contacted on matters involving this application (give area code)																																																																						
City: San Diego	Prefix: Mr.	First Name: Frank																																																																						
County: San Diego	Middle Name																																																																							
State: CA	Last Name Landerville																																																																							
Zip Code 92123	Suffix:																																																																							
Country: U.S.A.	Email: Frank.Landerville@sdcounty.ca.gov																																																																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		Phone Number (give area code) (858) 694-4818																																																																						
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) County Other (specify)																																																																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development																																																																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorp. Area & Coronado, Del Mar, Imperial Bch, Lemon Grove, Poway, Solana Bch		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency Shelter Grant funding will be used for renovation of structures for emergency shelters, operating expenses of homeless shelters, provision of essential services to the homeless &/or homeless prevention.																																																																						
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48, 49, 50, 51 and 52 b. Project 48, 49, 50, 51 and 52																																																																						
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. Federal	\$									b. Applicant	\$									c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$									16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$																																																																							
b. Applicant	\$																																																																							
c. State	\$																																																																							
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a. Authorized Representative Prefix Ms. First Name Catherine Middle Name J. Last Name Trout Suffix																																																																								
b. Title Director, County of San Diego Dept. of Housing and Community Development																																																																								
c. Telephone Number (give area code) (858) 694-4885																																																																								
d. Signature of Authorized Representative 																																																																								
e. Date Signed 5-12-04																																																																								

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

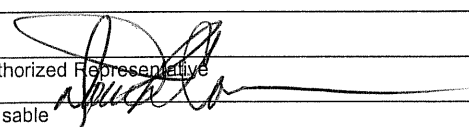
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/15/04 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 		State Identifier B-u4-UC-060501 State Application Identifier Federal Identifier 																																																																							
5. APPLICANT INFORMATION																																																																											
Legal Name: San Diego Urban County Organizational DUNS: 00-9581646 Address: Street: 3989 Ruffin Road City: San Diego County: San Diego State: CA Zip Code: 92123 Country: U.S.A.			Organizational Unit: Department: County of San Diego - Dept. of Housing and Community Development Division: Community Development Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Frank Middle Name: Last Name: Landerville Suffix: Email: Frank.Landerville@sdcounty.ca.gov Phone Number (give area code) (858) 694-4818 Fax Number (give area code) (858) 694-4871																																																																								
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grant 14-218			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CDBG entitlement to be used for housing acquisition, development and rehabilitation, public improvements, economic development, and planning, to improve the living environment of lower income families.																																																																								
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorp. Area & Coronado, Del Mar, Imperial Bch, Lemon Grove, Poway, Solana Bch			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48, 49, 50, 51 and 52 b. Project 48, 49, 50, 51 and 52																																																																								
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																																								
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a. Federal	\$																																																																										
b. Applicant	\$																																																																										
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a. Authorized Representative Prefix: Ms. First Name: Catherine Middle Name: J. Last Name: Trout Suffix: b. Title Director, County of San Diego Dept. of Housing and Community Development c. Telephone Number (give area code) (858) 694-4885 d. Signature of Authorized Representative [Signature] e. Date Signed 5-12-04																																																																											

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 12, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																								
Legal Name:		Organizational Unit:																						
County of Imperial		Department: Airport																						
Organizational DUNS:		Division:																						
Address: Street: 1099 Airport Road City: Imperial County: Imperial State: CA Zip Code: 92251		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: David Middle Name: Last Name: Conn Suffix:																						
Country: USA		Email: dconn@imperialcounty.net																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000924		Phone Number (give area code): (760) 355-7944 Fax Number (give area code): (760) 355-2485																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Other (specify):																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program (AIP)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial, CA / Imperial County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Imperial County Airport FY 2004 Entitlement Grant Application																						
13. PROPOSED PROJECT Start Date: 05/04 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant #51 b. Project #51																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>855,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>45,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>900,000.00</td> </tr> </table>		a. Federal	\$	855,000.00	b. Applicant	\$	45,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	900,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 27, 2003 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	855,000.00																						
b. Applicant	\$	45,000.00																						
c. State	\$.00																						
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17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative Prefix: Mr. First Name: David Middle Name: Last Name: Conn Suffix:																								
b. Title: Airport Manager c. Telephone Number (give area code): (760) 355-7944																								
d. Signature of Authorized Representative:  e. Date Signed: 5-11-04																								